

SUBMIT COMPLETED ORIGINAL  
APPLICATION, TAX STATEMENT  
AND FEE TO:

Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUN 21 2011

Application No.: 11-02023  
Date: 7-7-11  
Zoning District: 4-1-  
Amount Paid: \$75.00 + \$205  
6/21/11

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
Changes in plans must be approved by the Zoning Department.

LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER \_\_\_\_\_

Use Tax Statement for Legal Description

Legal Description SE 1/4 of NW 1/4 of Section 29 Township 49 North, Range 4 West, Town of Bayview  
~~Section~~ S 413.541 28 Block \_\_\_\_\_ Subdivision AA Bigelow & Co CSM # \_\_\_\_\_ Acreage 3.6

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. 04 008 2 47 04 29 100 1 00 29 000

Property Owner Andrew O'Kueg Contractor Allycat Exc. (Phone) 25-292-0028

Address of Property 17515 Washington Ave. Plumber N/A

Washburn, WI 54891 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone (920) 379-5994 (Home) (715) 373-6114 (Work) Written Authorization Attached: Yes ☐ No ☐

Is your structure in a Shoreland Zone? Yes ☐ No ☒ If Yes, Distance from Shoreline: greater than 75' ☐ 75 to 40' ☐ less than 40' ☐

Structure: New ☒ Addition \_\_\_\_\_ Existing \_\_\_\_\_ Basement: Yes \_\_\_\_\_ No ☒ Number of Stories 1  
Fair Market Value 15,000 Square Footage 28 x 26 (672) Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE: \_\_\_\_\_ Type of Septic/Sanitary System HT

☐ Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ ☐ Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ ☐ Commercial Principal Building \_\_\_\_\_

☐ Residence w/deck-porch (# of bedrooms) \_\_\_\_\_ ☐ Commercial Principal Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_ ☐ Commercial Accessory Building (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_ ☐ Commercial Accessory Building Addition (explain) \_\_\_\_\_

☐ Residence w/attached garage (# of bedrooms) \_\_\_\_\_ ☐ Commercial Other (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_ ☐ Special/Conditional Use (explain) \_\_\_\_\_

☐ Residential Addition / Alteration (explain) \_\_\_\_\_ ☐ External Improvements to Principal Building (explain) \_\_\_\_\_

☒ Residential Accessory Building (explain) Garage ☐ External Improvements to Accessory Building (explain) \_\_\_\_\_

☐ Residential Accessory Building Addition (explain) \_\_\_\_\_

☐ Residential Other (explain) \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) alc OK Date 6/7/11

Address to send permit \_\_\_\_\_ ATTACH \_\_\_\_\_

\* See Notice on Back Copy of Tax Statement or  
(If you recently purchased the property  
Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 7-7-11 Permit Number 11-02023 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_ of Access sq.

Inspection Record: Sanitary System/Conditions, as requested by owner, permits to enter 2 core observations  
plg. permit was issued By DC Date of Inspection 6.30.11

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # \_\_\_\_\_

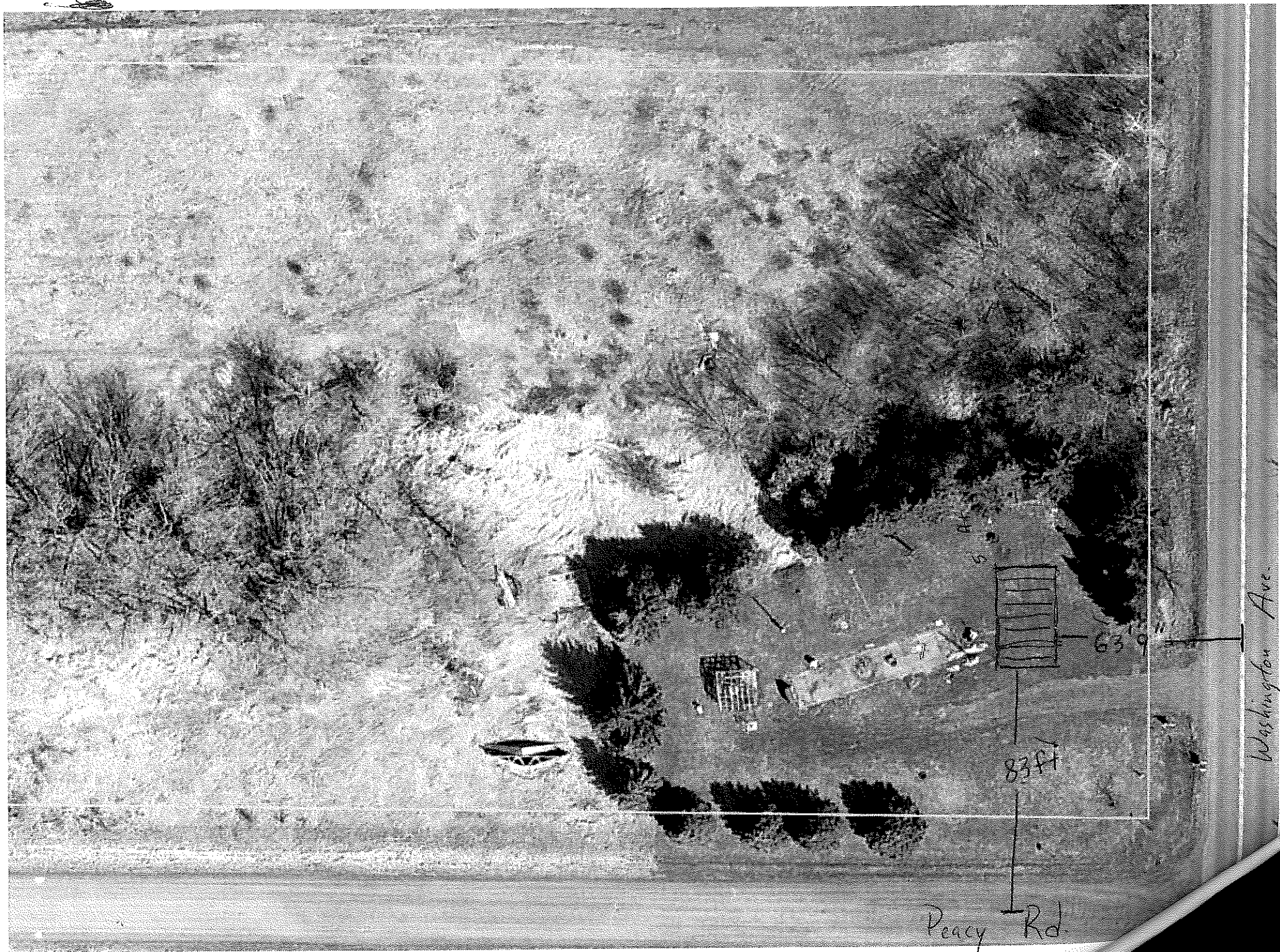
Condition: \_\_\_\_\_

Signed [Signature] Inspector [Signature] Date of Approval 6.30.11

System and set fees w/ set to north

Where's Sanitary System - Washburn, WI

ENTERED



Washington Ave.

83 ft

Peacey Rd